

|  |  |              |   |                    |  |                       |                                  |  |
|--|--|--------------|---|--------------------|--|-----------------------|----------------------------------|--|
| CLAIMANT'S NAME<br>Linda Adams                     |  |              | SSN OR EMPLOYEE NUMBER<br>On File                 |                    |  | DEPARTMENT<br>Cal/EPA |                                  |  |
| POSITION<br>Secretary for Environmental Protection |  | CB/ID NUMBER | DIVISION OR BUREAU<br>Office of the Secretary     |                    |  |                       | INDEX NUMBER                     |  |
| RESIDENCE ADDRESS<br>On File                       |  |              | HEADQUARTERS ADDRESS<br>1001 I Street, 25th Floor |                    |  |                       | TELEPHONE NUMBER<br>916-323-2514 |  |
| CITY<br>On File                                    |  | STATE        | ZIP CODE  | CITY<br>Sacramento |  | STATE<br>CA           | ZIP CODE<br>95814                |  |

| (1) MONTH/YEAR  |       | (3)<br><br>LOCATION<br>WHERE EXPENSES<br>WERE INCURRED | (4)<br><br>LODGING | (5)<br>MEALS |       |  | (6)<br><br>INCIDENTALS | (7)<br>TRANSPORTATION        |                         |                                      |                           |      | (8)<br><br>BUSINESS<br>EXPENSE | (9)<br><br>TOTAL<br>EXPENSES<br>FOR DAY |
|-----------------|-------|--|--------------------|--------------|-------|--|------------------------|------------------------------|-------------------------|--------------------------------------|---------------------------|------|--------------------------------|---|
| Jan-10          |       |  |                    | BREAK-FAST   | LUNCH | O.T./L.T.<br>NC, RELO.<br>OR<br>DINNER |                        | (A)<br><br>COST OF<br>TRANS. | (B)<br><br>TYPE<br>USED | (C)<br>CARFARE,<br>TOLLS,<br>PARKING | (D)<br>PRIVATE<br>CAR USE |      |                                |   |
| (2)<br><br>DATE | TIME  |  |                    |              |       |  |                        |                              |                         |                                      | MILES                     | AMT  |                                |   |
| 1/29            | 13:00 | Departed to San Diego, CA                              |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
| 1/29            | 20:30 | Arrived at Sacramento, CA<br>(1-Day Travel)            |                    |              | 18.00 |  |                        |                              |                         | 29.00                                |                           |      |                                | 47.00                                   |
|                 |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
|                 |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
|                 |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
|                 |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
|                 |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
|                 |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
|                 |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
|                 |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
|                 |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
| (10)            |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      |                                | 0.00                                    |
| SUBTOTALS       |       |  | 0.00               | 0.00         | 0.00  | 18.00                                  | 0.00                   | 0.00                         | 0.00                    | 29.00                                | 0.0                       | 0.00 | 0.00                           | 47.00                                   |
| CLAIM TOTAL     |       |  |                    |              |       |  |                        |                              |                         |                                      |                           |      | \$                             | 47.00                                   |

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Secretary Adams made closing comments and presented certificates of completion for the training to participants of the Waste Water Treatment Plant Operations & Maintenance Class, who will be primarily operators from various Mexican cities. The daily parking lot was utilized for safety precautions due to solo and late travel.

|                                       |                                   |  |
|---------------------------------------|-----------------------------------|--|
|                                       | AGENCY ACCOUNTING OFFICE USE ONLY |  |
| (13) PRIVATE VEHICLE LICENSE NO.      |                                   |  |
| (14) MILEAGE RATE CLAIMED<br>\$ 0.550 |                                   |  |
| AGENCY ACCOUNTING OFFICE USE ONLY     |                                   |  |
| PAID BY REVOLVING FUND CHECK NUMBER   |                                   |  |

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

|  |      |   |      |
|--|------|---|------|
| CLAIMANT'S SIGNATURE<br>☐  | DATE | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT<br>☐ | DATE |
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)<br>☐ |      |   | DATE |